

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061947

1. Entity Name

INTEGRITY MEDICAL GROUP

Principal Place of Business

Mailing Address

2. Principal Place of Business

4302 BAYSIDE VILLAGE

Suite, Apt. #, etc.

304

City & State

TAMPA FL

Zip

33615

Country

USA

3. Mailing Address

DRIVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

George Turnbull

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NATHAN RICE
PRESIDENT
544 ADRIAN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GEORGE TURNBULL
VICE PRESIDENT
544 ADRIAN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARK DIAZ
CEO
544 ADRIAN

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
MARK IDLER
VICE PRESIDENT
544 ADRIAN

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Turnbull

5/10/01 8132496230

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)